

10/19/06
Final-Tribal (jg)

EPA REGION 10
UNDERGROUND STORAGE TANK
INSPECTION FORM A

Significant Compliance:

Facility# 4268127 Passed Inspection Y N RD Y Upgrade N
Inspection Date 9-20-07 Time 11:00 am GPS reading _____
Lead Inspector Jim Greaves Others _____
Facility Reps Lavilla Ramsey Daric Ramsey
Tribal Reps: Greg Scott Don Idor (* Credentials Presented)
Visual Documentation of Inspection: ☐ 35mm pictures ☐ Video ☒ Digital ☐ Other
Facility Drainage (FD) questionnaire: ☐ Completed ☒ Not Completed ☐ Not Applicable
Enforcement Actions Taken Onsite: FNNC # 1123 FC # _____ For \$ _____

Verbal Warning for 40 CFR 280. _____ SBA Info Sheet Given? Y N

Enforcement Action Delayed for (Reason): _____

Facility Information

Location Name Wolf Den Restaurant 509-877-2552
Owner Daric Ramsey Operator Lupine Inc.
Address (Loc/Owner/Op) 61 ~~St~~ W. Wapato Road
City Wapato State WA Zip 98951 Phone 509-877-2838
Address (Loc/Owner/Op) _____
City _____ State _____ Zip _____ Phone _____

Tank #	1	2	3	4	5	6
<input type="checkbox"/> MEETS FINANCIAL RESPONSIBILITY REQUIREMENTS						
<input type="checkbox"/> All (tanks covered) or (check which tanks are covered)						
Type: <input type="checkbox"/> Ins <input type="checkbox"/> Self <input type="checkbox"/> PSTF <input type="checkbox"/> Ltr Credit <input type="checkbox"/> Stdbdy Trust <input type="checkbox"/> LG Bond Rating Test <input type="checkbox"/> LG Fin Test <input type="checkbox"/> Other _____						
Issuing Entity: <u>No Insurance available</u> Dates Coverage _____ In EPA Format? Y N						

TANK STATUS

Manifolded (M) or Compartmented (C) Tank?						
Status (circle): <u>CIU</u> TOU POU <input checked="" type="checkbox"/> All or	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Date installed: <u>11-06</u> <input type="checkbox"/> All or						
Tank cap (gal): <input type="checkbox"/> All or	<u>20K</u>	<u>20K</u>	<u>10</u>			
Substance in Tank: <input type="checkbox"/> All or	<u>UNL</u>	<u>ULPSL</u>	<u>H3PS10</u>			
Tank Material: BS <u>CPS</u> <u>COM</u> FRP <u>DW</u> ExL Lin <input type="checkbox"/> All or						
Verified Tank by: <u>Visual</u> <u>Invoice</u> Warranty Picture <input checked="" type="checkbox"/> All or	<u>✓</u>	<u>✓</u>	<u>✓</u>			
Emergency Generator Tank(s)? <input checked="" type="checkbox"/> NA <input type="checkbox"/> All or						
Piping Material: <u>GS</u> <u>CPS</u> FRP <u>FlexP</u> <u>DW</u> SecC <input checked="" type="checkbox"/> All or						
Verified Pipe by: <u>Visual</u> <u>Invoice</u> Warranty Picture <input checked="" type="checkbox"/> All or						
Piping Type: Grav <u>Pres</u> SafeS U.S.S <input checked="" type="checkbox"/> All or						
Date last used: <input type="checkbox"/> All or						
Closure Status: Removed In-Place Chg-in-Svc <input type="checkbox"/> All or						

SITE SKETCH

Tank #	1	2	3	4	5	6
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RELEASE DETECTION-TANKS

<input checked="" type="checkbox"/> Primary Release Detection Method Present for all tanks & meets specific performance standards as in 280.43 ? <input type="checkbox"/> NA						
<input type="checkbox"/> Manual Tank Gauging (MTG)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or				
<input type="checkbox"/> Tank Tightness Testing (TTT)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or				
Last TTT date? _____ Passed? Y N						
<input type="checkbox"/> Inventory Control (IC)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or				
<input type="checkbox"/> Vapor Monitoring (VM)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or				
Site Assessment? Y N			<input type="checkbox"/> All or			
<input type="checkbox"/> Ground Water Mon. (GWM)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or				
Site Assessment? (ie: 3' < gw < 20') Y N			<input type="checkbox"/> All or			
<input checked="" type="checkbox"/> Automatic Tank Gauge (ATG)	<input checked="" type="checkbox"/> Primary Method	<input type="checkbox"/> All or	✓	✓	✓	
<input type="checkbox"/> Interstitial Monitoring (IM)	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or				
<input type="checkbox"/> SIR	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or				
<input type="checkbox"/> Deferred (Emergency Generators ONLY)			<input type="checkbox"/> All or			
<input type="checkbox"/> TOU Systems Comply with Release Detection?			<input type="checkbox"/> NA			

RELEASE DETECTION-PIPING (RD)

<input checked="" type="checkbox"/> Primary RD method(s) present for ALL piping & meets specific performance standards as stated in 280.44? <input type="checkbox"/> NA						
<input type="checkbox"/> ALLD(s) Pressurized Systems Only- Required	<input type="checkbox"/> All or					
Date test: _____		<input checked="" type="checkbox"/> ELLD or <input type="checkbox"/> MLLD	✓	✓	✓	FE Retro
<input type="checkbox"/> LTT(s) Date test _____	<input type="checkbox"/> Primary Method	<input type="checkbox"/> All or				
Monthly Monitoring Method :		<input checked="" type="checkbox"/> Primary Method <input type="checkbox"/> All or				
VM GWM IM SIR Sump Sensor Other		monthly leak test ELLD				
<input type="checkbox"/> Deferred (Emergency Generators ONLY)		<input type="checkbox"/> All or				

RELEASE DETECTION COMPLIANCE/RECORDS

<input checked="" type="checkbox"/> Release Detection System - Operating Properly?	<input type="checkbox"/> NA					
<input checked="" type="checkbox"/> Release Detection System Meets Performance Standards of SOC Matrix "Worksheet"?	<input type="checkbox"/> NA					
<input checked="" type="checkbox"/> In Compliance with EPA 3 rd Party Evaluation?	<input type="checkbox"/> NA					
<input type="checkbox"/> If Required (5 year Record Limit), Has 3 rd Party?	<input type="checkbox"/> NA					
<input checked="" type="checkbox"/> Are there monthly monitoring records for Tanks/Piping for 2 most Recent Months and 8 of the last 12 months (or LTT where required)		<input type="checkbox"/> NA				
Monthly monitoring records Reviewed = 6 months, of last 12:		Just opened April 07				
Tanks (months) PASSED: _____ FAILED: _____ INVALID: _____						
Piping (months) PASSED: _____ FAILED: _____ INVALID: _____						
<input checked="" type="checkbox"/> ALL Non-Passing Results Resolved?	<input type="checkbox"/> NA					
<input type="checkbox"/> If not resolved, was the implementing agency notified of a suspected release? Y <input type="checkbox"/> N <input type="checkbox"/> No release suspected <input type="checkbox"/>		<input checked="" type="checkbox"/> NA				
<input type="checkbox"/> Hazardous Substance USTs-Secondarily Contained?	<input checked="" type="checkbox"/> NA					
ATG/IM/SIR Equipment Manufacturer/Vendor		Weeder-Root				
(Optional) ALLD Equipment Manufacturer:		Model: TLS 350 CSLD				

TANK #	1	2	3	4	5	6
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RELEASE PREVENTION

<input checked="" type="checkbox"/> CP Met on ALL Tank(s) and Piping, including metal flex connectors, swing joints, etc. (see Release Prevention Measures Matrix, IV. "Tank and Piping Corrosion Protection" checklist)						
<input type="checkbox"/> Any repairs to CP (including Lining) tanks or piping and have they been Tightness Tested within 30 days (not required if internal inspection or monthly monitoring completed)?	<input checked="" type="checkbox"/> NA					

TANK LINING

<input type="checkbox"/> Tank Lining Inspected and In Compliance?	<input checked="" type="checkbox"/> NA					
Date of Lining: _____						
Date of PASSING Internal Inspection: _____	<input type="checkbox"/> All or					

CATHODIC PROTECTION

<input type="checkbox"/> Cathodic Protection: <input type="checkbox"/> Tanks <input type="checkbox"/> Piping <input type="checkbox"/> All or						
<input type="checkbox"/> Impressed Current System <input type="checkbox"/> All or						
Installation Date: _____ Set at _____ amps						
<input type="checkbox"/> Last 3 (60 Day) rectifier inspection Records? <input type="checkbox"/> NA						
System On? Y N Observed amperage of _____ amps						
<input type="checkbox"/> Sacrificial Anode System <input type="checkbox"/> All or						
<input type="checkbox"/> Date of Last Test: _____ Passed <input type="checkbox"/> All or						
Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> Date of Previous Test: _____ Passed <input type="checkbox"/> All or						
Covers: <input type="checkbox"/> Tanks/Piping <input type="checkbox"/> Tanks <input type="checkbox"/> Piping						
<input type="checkbox"/> CP Performing Adequately- Based on Testing Results -	<input checked="" type="checkbox"/> NA					
<input type="checkbox"/> Any Repairs are being Conducted or Completed?	<input checked="" type="checkbox"/> NA					
<input type="checkbox"/> 6 mo. CP test After Installation or Repair COMPLETED?	<input checked="" type="checkbox"/> NA					

SPILL & OVERFILL PREVENTION

<input checked="" type="checkbox"/> Spill Prevention Devices Present and Functional? <input type="checkbox"/> NA						
<input checked="" type="checkbox"/> Overfill Prevention Devices Present and Operational for Each Tank? (specify, below) <input type="checkbox"/> NA						
<input checked="" type="checkbox"/> Ball Float Valve Operational <input checked="" type="checkbox"/> All or	✓	✓	✓	✓		
<input type="checkbox"/> Flow Restrictor (Auto Shut off) Operational <input type="checkbox"/> All or						
<input type="checkbox"/> Automatic Alarm (for Delivery Driver) Operational <input type="checkbox"/> All or						
<input type="checkbox"/> Spill / Overfill NOT Req'd (transfer ≤ 25 gallons) <input type="checkbox"/> All or						
Inspector's Signature <i>Jim Grevera</i>	Date: <i>9-20-07</i>					

Notes:

Pipe - needs to have copper pipe removed from side of TRB - replace with plug

Should obtain 3rd party eval

ATG was doing testing - owner had partial printouts.

This facility had FE Retro/Frank Fuels electronic like leak detectors. They do connect to the Veeder-Ross printer. Owner is to see how to get monthly pipe leak tests

Year	Month	Tank #1	Tank #2	Tank #3	Tank #4	Tank #5	Tank #6
	1- January						
	2- February						
	3- March						
	4- April						
	5- May						
	6- June						
	7- July						
	8- August						
	9- September						
	10- October						
	11- November						
	12- December						
P = Pass F = Fail							

Notes: